

# State Children's Health Insurance Program

The State Children's Health Insurance Program (SCHIP) has become an important source of coverage for children and families. SCHIP and Medicaid together have contributed to the decline in uninsured children from 14% of all children in 1997 to 9% in 2005. SCHIP needs to be reauthorized in 2007 with substantial new funding if the program is to maintain and build on its successes.

## SCHIP State Snapshots: New York Child Health Plus



	2005 Enrollment	Federal Match Rate <sup>1</sup>
New York	395,264	65%
United States	6.1 million	65%–85%

### Basic Program Facts

States have three options for SCHIP programs:

- Medicaid expansion (M-SCHIP)
- Separate SCHIP program (S-SCHIP)
- Combination of both

New York runs a combination program, operating both a Medicaid expansion and separate SCHIP.

### Eligibility

SCHIP was enacted to provide health coverage to targeted low income children. Federal rules and waivers allow states to set their income eligibility at levels that are higher or lower than the target level of 200% of the federal poverty level (\$43,300 for a family of four in 2007). States that cover families at higher income levels usually require some cost sharing.

New York is one of 19 states that set eligibility for coverage at a level greater than 200% of the federal poverty level (FPL). New York's upper income eligibility limit is 400% FPL.<sup>2</sup> Families at the higher ends of income eligibility pay higher premiums.

Program Type by Age	Eligibility as % of FPL	Premium Requirement
<b>Medicaid SCHIP</b>		
6–18 yrs	100%–133%	\$0
<b>Separate SCHIP</b>		
infants	200%–250%	\$15–\$45
1–5 yrs	133%–250%	\$9–\$45
6–18 yrs	100%–250%	\$9–\$45

### Cost Sharing

Many SCHIP programs require enrollees to share in the cost of coverage or services by paying premiums or co-payments. The type of SCHIP program a state has determines its flexibility in establishing cost-sharing requirements. M-SCHIP programs have less flexibility than S-SCHIP programs.

New York requires monthly premiums that range from \$9 to \$45 depending on income and family size.



## Benefit Package

All SCHIP Medicaid expansion programs must provide the federally required Medicaid benefit package. Separate SCHIP programs must offer benefits meeting federal requirements under a number of options.

New York's Separate SCHIP Covered Benefits include (but are not necessarily limited to):

- Physician services
- Inpatient hospital services
- Inpatient and outpatient mental health services
- Inpatient and outpatient substance abuse services
- Family planning services
- Private duty nursing services
- Personal care services
- Home health services
- Pharmacy
- Dental preventive and treatment services
- Hearing aids
- Vision services and eyeglasses
- Prosthetic appliances

## Outreach, Enrollment and Retention

Because application, enrollment, and renewal processes are critical in reaching SCHIP's goal of reducing the number of uninsured children, states have worked on outreach and simplification efforts to enroll and retain children in SCHIP programs.

New York's efforts include (but are not limited to):

- Continuous eligibility guarantee for 12 months, which reduces the chance that children will have breaks in coverage or be dropped from the program for failure to complete paperwork
- Reapplication information is sent out to families for updates 90 days in advance of the coverage renewal date
- SCHIP media campaign (television, radio, print, outdoor advertising)

## Access to Primary Care Physicians in 2004

Age	Percent
12–24 mths	96%
2–6 yrs	93%
7–11 yrs	94%
12–19 yrs	91%

<sup>1</sup> Source for 2005 Federal Match Rate values: Kaiser statehealthfacts.org, "Federal Matching Rate (FMAP) for SCHIP" accessed on May 14, 2007.

<sup>2</sup> NASHP May 2007 update of Charting CHIP III data. In April of 2007, New York expanded SCHIP eligibility levels from 250 to 400 percent FPL.

<sup>3</sup> Source for state specific HEDIS measure data are state FY2005 SCHIP Annual Reports to the Center for Medicare and Medicaid Services (CMS), which are available at [www.cms.hhs.gov](http://www.cms.hhs.gov).

Unless otherwise specified, the data source used is: Kaye, Neva, et al. *Charting CHIP III: An Analysis of the Third Comprehensive Survey of State Children's Health Insurance Programs*, National Academy for State Health Policy (September 2006). Available at <http://www.chipcentral.org>.

## Quality<sup>3</sup>

Since program inception, SCHIP programs have implemented various policies to promote access to quality care. States worked with the federal Centers for Medicare and Medicaid Services (CMS) to develop a set of performance measures that states could report annually. Four core measures based on the Health Plan Employer Data and Information Set (HEDIS) were chosen:

- Well child visits for infants under 15 months
- Well child visits for children ages 3, 4, 5, and 6
- Use of appropriate asthma medications
- Access to primary care providers (PCP)

New York provided data on two measures in its 2005 annual report to CMS, which is the most recent report available. The data to the left is an example from New York's report.